



I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on May 7, 2004  
Wendy Scott

(Typed or Printed Name of Person Mailing Paper or Fee)

*Wendy Scott*  
(Signature of Person Mailing Paper or Fee)

Application Number : 10/686,061  
Applicant : Shailender Chaudhry et al.  
Filed : October 14, 2003  
TC/A.U. : 2122  
Examiner : Unassigned

Confirmation Number: 6999

Docket Number : SUN04-0182  
Customer No. : 22,835

M/S: Box Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

### PRELIMINARY AMENDMENT

Sir

Please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.



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**PRELIMINARY AMENDMENT TRANSMITTAL LETTER**

Assistant Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Preliminary Amendment.
- ☐ A petition for extension of time is also enclosed with a fee of \$0.00 for a one-month extension for a small entity.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
  - ☐ check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
  - ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☐ \_\_\_ sheets of drawings.
- ☒ No additional claims fees are required.

☐ An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	20	MINUS = 20	0	x \$18 =	
Independent Claims	3	MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
<b>TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT</b>					\$0.00

- ☐ A check in the amount of \$\_\_\_ is enclosed.  
☐ Charge \$\_\_\_ to Deposit Account No. \_\_\_ (Docket No. \_\_\_).  
☒ Please credit any overpayments or charge any underpayments to Deposit Account No. 50-1003 (Docket No. SUN-P7592).

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Tel: (530) 759-1663  
FAX: (530) 759-1665

Respectfully submitted,

By



Edward J. Grundler  
Registration No. 47,615

Date: May 7, 2004